

## North Carolina Department of Health and Human Services Division of Public Health – Women's & Children's Health Section

1917 Mail Service Center • Raleigh, North Carolina 27699-1917 Tel 919-707-5550 • Fax 919-870-4824

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

December 28, 2009

TO:

2009 H1N1 Vaccine Providers

FROM:

Beth Rowe-West, R.N., B.S.N., Head

Immunization Branch

RE:

2009 H1N1 Vaccine Distribution and Administration Updates

The purpose of this memo is to provide updates on the 2009 H1N1 vaccine distribution and administration campaign in North Carolina.

Almost three million doses of H1N1 vaccine have been distributed in North Carolina. Many providers have met their initial demand. If your office no longer wishes to receive H1N1 vaccine, you can let the Immunization Branch know by checking the box on the Weekly Aggregate H1N1 Influenza Vaccine Use form next to the words "Do Not Send Additional H1N1 Vaccine." This form has been updated a few times, so if you are using a form that does not have this box, you may download an updated copy at <a href="https://www.immunizenc.org/h1n1vaccineproviders.htm">www.immunizenc.org/h1n1vaccineproviders.htm</a>. A copy of the form is also being sent with this memo. Please remember that it normally takes one full week for vaccine shipments to stop after you notify the Immunization Branch, as vaccine is usually already on its way to you on the day you send in your reporting form.

Before you decide to discontinue receiving H1N1 vaccine please consider the following points:

- We are still in the midst of an ongoing pandemic. While the number of new cases of H1N1 influenza
  has gone down in the past weeks, the disease is still with us. People continue to get H1N1 and
  negative health outcomes are still possible.
- The state health director has advised that it is now acceptable to give the 2009 H1N1 vaccine to
  anyone who wants it. You should ensure all of the five initially targeted groups for vaccination you
  serve have been vaccinated. Chances are there are patients you serve who have not received the
  vaccine, but are now able to get it.
- Flu season typically does not peak in North Carolina until February or March, so it is possible cases of H1N1 will increase in the new year and demand for the vaccine will grow.

We urge you to continue to recommend, and offer, H1N1 vaccination for your patients.

Though we do not have an exact date when H1N1 vaccine allocations from the Centers for Disease Control and Prevention (CDC) will cease, it is projected this will occur sometime in late January. The exact date is dependent on whether vaccine manufacturers release their remaining vaccine doses according to the current timetable projected by the CDC.

Some providers may have H1N1 nasal spray vaccine in their inventory that is due to expire sometime in January 2010. We encourage you to try and give this vaccine before it expires, or transfer it to another facility that can use it quickly.

We are awaiting guidance from the CDC on how to dispose of expired H1N1 vaccine. We will distribute this as soon as we receive it. Until such time, please keep any expired vaccines refrigerated under normal conditions until you receive further instructions from the Immunization Branch. Providers should NOT return expired or unused H1N1 vaccine or ancillary supplies to the distributor, McKesson, or the Immunization Branch. There is no procedure in place for accepting these items.

The Immunization Branch has printed copies of the 2009 H1N1 VIS forms and the Weekly Aggregate H1N1 Influenza Vaccine Use form available for order. If you would like to order these documents, please submit the enclosed order form.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH WOMEN'S AND CHILDREN'S HEALTH SECTION Immunization Materials Request Form

Facility	Name	Requested by (please print name)		Provider ID Number
	nd PO Box Number	ACRESTAGE AND SERVICE	(Courier Number required for LHD)	Date
Amount	Forms 2009 H1N1 Influ	uenza Vaccine Ina	forms, not by the pack.***  ctivated (the "flu shot") ENGLISH ctivated (the "flu shot") SPANISH	
	2009 H1N1 Influ	uenza Vaccine Liv	e, Attenuated (the nasal spray vaccine) I e, Attenuated (the nasal spray vaccine) S	

Purpose: To request immunization forms, guidelines and educational materials

Preparation:

- 1. Complete original and retain one copy for the requesting agency.
- 2. Send original to: Immunization Branch

1917 Mail Service Center

Raleigh, North Carolina 27699-1917

PHONE (877) 873-6247 FAX (800) 544-3058

Disposition: The immunization materials requester may destroy his/her copy upon receipt of the materials. Additional forms may be ordered through the above address or telephone number

## North Carolina Department of Health and Human Services Division of Public Health

## WEEKLY Aggregate H1N1 Influenza VACCINE USE\*

Note: Failing to submit this form every Monday will result in suspension of your H1N1 vaccine shipments.

CONTACT PERSON:           FAX #:         E-MAIL ADDRESS:           If you received this vaccine as a transfer from another facility, please indicate transferring organization:           PHONE #1           Age Category         And dose #, in the baxes below [do not use tic and/or hash marks]:           Age Category         Dose 1         Dose 1	to_		Do Not Send Additional H1N1 Vaccine	tional H1N1 Vaccine
FAX #:  lease enter the TOTAL number of vaccine doses administ (do not use tic and/or H1N1  Dose 1  Dose 2		CONTACT PERSON:		
H1N1  Dose 1  Dose 1  Dose 1	FAX #:	E-MAIL ADDRESS:		
Dose 1 Dose 2	a transfer from another facility, please TOTAL number of vaccine doses admin	indicate transferring organistered, by age category and/or hash marks):	anization: ad dose #, in the boxes	регом
Dose 1 Dose 2		H1N1 - Live Attenuated Influenza Vaccine (LAIV)	nuated Influenza	Vaccine (LAIV)
		Age Category	Dose 1	Dose 2
		6 – 23 months		
		24 – 59 months		
		5 – 18 years		
		19 – 24 years		
		25 – 49 years		
		50 - 64 years		
65+ years 65+ y		65+ years		

FAX or EMAIL completed forms to the IMMUNIZATION BRANCH at 1-800-544-3058 or H1N1doses(a)dhhs.nc.gov by 12PM (noon) EVERY MONDAY.

Check this box if 0 (zero) doses were administered during this time period. Please do not include a cover sheet.

<sup>\*</sup> If you are using the North Carolina Immunization Registry for reporting - you do NOT need to complete this form.